

NPM #15: The percent of very low birth weight infants among all live births.

Impact on National Outcome Measures: NPM #15 relates to National Outcome Measures #1, #2, #3, and #5.

VLBW is directly related to morbidity and mortality in the perinatal period. Each of the activities identified below focuses on improving infant mortality and other perinatal indicators including the percent of very low birth weight live births.

a) Report of 2003 Major Activities

1. Title V MCH/CSHCN Program Funded Perinatal Services—Enabling Services—Pregnant women, mothers, infants

In 2003, the Title V Program funded 36 LPHDs totaling 41 objectives addressing perinatal care coordination, prenatal/postnatal education, early entry into prenatal care and prenatal care strategic planning. Preliminary data from SPHERE shows that women receiving MCH-funded prenatal and postpartum services had no very low birth weight infants. However, because of the late start-up of SPHERE, the numbers may be under reported.

2. Prenatal Care Coordination (PNCC)—Enabling Services—Pregnant women, mothers, infants

PNCC services are available to Medicaid-eligible pregnant women with a high-risk for adverse pregnancy outcomes to ensure early and continuous prenatal care, psychosocial support and services, health and nutrition education, and referral to community services as needed. In State Fiscal Year 2003, 8,371 women received PNCC services from 133 providers.

The Title V MCH/CSHCN Program staff collaborated with DHCF to draft a revised PNCC initial assessment tool to determine program eligibility and identify strengths and needs. Input was gathered from PNCC providers, Public Health regional consultants, WIC/PNCC workgroup members, Medicaid Quality Group members, Chief Medical Officers for MCH and Medicaid, and the Minority Health Officer. A revised Pregnancy Questionnaire was drafted that is more user-friendly with a strength-based approach, fewer questions, options for more in-depth questions at a later time, and a simplified process for determining program eligibility. The revised questionnaire also allows for enhanced data collection in SPHERE.

Title V WIC and PNCC staff collaborated on a WIC Special Projects Concept Paper to increase the number of women receiving both WIC and PNCC services. Objectives include: 1) data analysis, 2) identify barriers to WIC/PNCC participation, 3) identify service delivery models that support dual participation, and 4) submit a full grant application.

3. Healthy Babies in Wisconsin: A Call to Action—Infrastructure Building Services—Pregnant women, mothers, infants

See NPM #18

4. Federal Healthy Start Projects in Wisconsin—Population-Based Services—Pregnant women, mothers, infants

See NPM #18

5. WAPC—Infrastructure Building Services—Pregnant women, mothers, infants

WAPC promoted preconception care through the Becoming a Parent materials. Routine screening of pregnant and postpartum women for depression was also promoted.

6. Oral Health—Population-Based Services—Pregnant women, mothers, infants

We began to educate providers about the increased risk of preterm births from periodontal disease.

b) Current 2004 Activities

1. Title V MCH/CSHCN Program MCH Funded Perinatal Services—Enabling Services—Pregnant women, mothers and infants

For 2004, the Title V program funded 31 LPHDs totaling 35 objectives to do perinatal care coordination services, prenatal/postnatal education, early entry into prenatal care, prenatal smoking cessation and perinatal depression screening.

2. Prenatal Care Coordination (PNCC)—Enabling Services—Pregnant women, mothers, and infants

Title V MCH/CSHCN staff collaborated with DHCF to provide regional Case Management Training Sessions. The educational sessions were held in five areas of the state and received positive evaluations. The agenda included: 1) an overview of case management programs in Medicaid, 2) data collection in SPHERE, 3) implementing services, 4) strengthening PNCC services, 5) strengthening targeted case management services, and 6) billing. The Divisions are also working together to explore incentives for healthy birth outcomes.

A pilot project is underway to test the revised Pregnancy Questionnaire for the PNCC program. Sixteen pilot sites were recruited and oriented to the revised assessment tool and process for determining eligibility for PNCC, additional assessments that may be indicated, and evaluation of the pilot. Approximately 100 women will be assessed using both the current and the revised Pregnancy Questionnaire and risk assessment scores will be compared. Pilot sites will provide feedback on questions to add, delete or change. Suggestions will be incorporated into a final version of the assessment and statewide implementation will follow.

Funding for the WIC Special Projects Concept Paper supported additional data analysis and a provider survey. We updated information on the number of women receiving both WIC and PNCC services by county. We also looked at low-birthweight births by selected characteristics of the mother by receipt of WIC, Medicaid, and PNCC services during pregnancy for singleton births in Wisconsin, 2001: 6.5% both WIC and PNCC; 6.2% WIC but no PNCC; 8% PNCC services but no WIC; 9.9% Medicaid but no WIC or PNCC. The survey was completed by a sample of 13 WIC providers and 17 PNCC providers from 14 service areas. Survey respondents were asked to indicate how their agencies provided WIC and PNCC services by choosing from a series of statements that depicted a range of coordination. Further analysis will identify strategies and service delivery models that support dual participation in WIC and PNCC programs.

3. Healthy Babies in Wisconsin: A Call to Action—Infrastructure Building Services—Pregnant women, mothers, and infants

See NPM #18

4. Federal Healthy Start Projects in Wisconsin—Population-Based Services—Pregnant women, mothers, and infants

See NPM #18

5. WAPC—Infrastructure Building Services—Pregnant women, mothers, and infants

Preconception materials continue to be promoted. WAPC and the Perinatal Foundation will sponsor a regional conference series on Perinatal Mood Disorders.

c) 2005 Plan/Application

1. Title V MCH/CSHCN Program MCH Funded Perinatal Services—Enabling Services—Pregnant women, mothers, infants

Decreasing the number of very low birth weight babies will continue to be a priority for Wisconsin as it is a major contributor to infant mortality and disparities among racial and ethnic populations. Title V program funds will continue to be provided to local agencies to provide services supporting maternal health including family planning services, WIC, care coordination, early entry into prenatal care, smoking cessation support, and referral to needed services.

2. Prenatal Care Coordination (PNCC)—Enabling Services—Pregnant women, mothers, infants

The Title V MCH/CSHCN Program will continue to work with DHCF to provide support and technical assistance for the PNCC program and providers. Outreach and quality improvement initiatives will continue to assure care coordination services are available to pregnant women at risk for adverse outcomes.

3. Healthy Babies in Wisconsin: A Call to Action—Infrastructure Building Services—Pregnant women, mothers, infants

See NPM #18

4. Federal Healthy Start Projects in Wisconsin—Population-Based Services—Pregnant women, mothers, infants

See NPM #18

5. WAPC—Infrastructure Building Services—Pregnant women, mothers, infants

Preconception care and screening for perinatal depression will continue to be important activities and warrant ongoing support.